Medical Research Council of Great Britain (cont.)

From "Statement By The Medical Research Council" on "Tobacco Smoking And Cancer Of The Lung" as published in the British Medical Journal 1:1523-1524, June 29, 1957. See Appendix II, Exhibit 24.

March 1961

The Department of Health For Scotland

"Cancer of the Lung

1. Lung cancer is a serious and growing problem of public health. The number of deaths from primary cancer of the lung and bronchus was 2,422, more than twice as many as ten years before.

2. It is a mistake to suppose that the disease is particularly one of old age. Among males under 65 it is an increasingly common cause of death: 1 in 11 of all male deaths under 65 are now due to lung cancer compared with 1 in 21 in 1950. The diagram on page 20 compares the present incidence of lung cancer with the incidence of three other much publicised causes of death - respiratory tuberculosis, road accidents and poliomyelitis. It will be seen that lung cancer is much the most frequent.

3. The increase in lung cancer in the last decade has been almost entirely in male deaths, from 938 to 2,078. Female deaths have increased from 252 to 344. Taking as a base-line the age-specific rates in 1931-35, it is possible to estimate expected deaths for subsequent periods, based on the general age distribution of the population at these times. For men, for the periods 1947-49, 1950-52 and 1953-55, the actual deaths were, respectively, 4, 5.31 and 6.78 times the estimated expected deaths. The 1959 deaths are just under 9 times the estimated numbers expected on the basis of the 1931-35 rates.

4. The Epidemiological and Vital Statistics Report of the World Health Organisation (Vol. 12, No. 7) has shown that, of 26 countries for which comparable statistics were available for the years 1952-56, Scotland had the highest mortality of all for cancer of the lung (600.5 per million males, 91.2 per million females) (see Appendix 1). Since then, the Scottish male death rate has risen by about 30 per cent to 780 per million males in 1959. It is a gloomy picture even when account is taken of possible diagnostic differences.

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The Department of Health For Scotland (cont.)

5. Once the disease has made itself manifest, the fatality is high. An analysis of 580 Scottish cases has shown that over 86 per cent (86.2 per cent. of men, 87.5 of women) are dead within a year of registration.

6. Many patients present themselves too late in the course of the disease for any treatment to be possible: when treatment is possible, it is always difficult and frequently disappointing. The same analysis has shown that where radical treatment has been instituted, two-thirds of the patients are dead within a year. With palliative treatment, about 90 per cent., and with no treatment 96 per cent., of patients die within the year following hospital registration. A current analysis of a more recent series of cases, which is now in hand, indicates some improvement in the mortality of treated cases. The total mortality within 12 months of registration is, however, still very high, over 78 per cent.

7. The association of cancer of the lung with smoking - particularly cigarette smoking - is not within reasonable doubt. The strong circumstantial evidence was summarized by the Medical Research Council in 1957: the Council concluded that the most reasonable interpretation of the evidence was one of cause and effect, and this view has not been seriously challenged since.

8. Prospective and retrospective surveys of mortality among smokers have been carried out by a number of investigators. In the main, they add up to the same conclusions on the effect of tobacco on health. None has even faintly suggested benefits. All have indicated the likelihood of grave evils.

9. To avoid these, people should not smoke: or, being smokers, should give up smoking, or smoke less - particularly avoiding cigarettes. In the present state of medical knowledge no other single action which can be taken will have more effect on the incidence of lung cancer.

10. Warnings on these lines are not new. There is public awareness of the facts. Medical Officers of Health of local authorities have tried to increase that awareness. But as one ruefully remarks in his Annual Report - 'Efforts to bring to the notice of

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The Department of Health For Scotland (cont.)

school children and youths the dangers of smoking have continued, but in view of the high pressure salesmanship directed to the opposite viewpoint by means of billboards, glossy magazine advertisements and T.V. presentations portraying the romance and joy of smoking particular brands of cigarettes, local anti-smoking propaganda is of little avail.'

11. In summary, smoking, particularly cigarette smoking, can be considered a form of addiction. The habit - an expensive one - may well lead to an unpleasant and rapidly fatal illness in what we are now accustomed to consider as among the best years of life - middle age or when a man may be contemplating the leisure of retirement."

From pages 19-21 of the "Report of the Department of Health for Scotland, 1960, Part I, Health and Welfare Services" presented to Parliament by the Secretary of State for Scotland, March 1961. See Appendix II, Exhibit 25.

August 1960

Joint Tuberculosis Council of Great Britain

"The Joint Tuberculosis Council is an independent voluntary body composed of representatives from various medical societies throughout the country with an interest in tuberculosis and other diseases of the chest. On the subject of smoking and respiratory disease the Council feels that in present circumstances it can perform a service to the profession and to the public by calling attention to the extent and seriousness of the problem and by making constructive suggestions as to how it should be countered.

The Council accepts the view that smoking is a substantial cause of ill-health and the cause of many deaths. It cannot emphasize too strongly that the only completely reliable way of avoiding the risks of smoking is to abstain completely.* * *

The Council recognises that smoking is a complex social phenomenon and that no easy or quick solution is possible; it is clear that a change in the climate of public opinion is essential before any substantial improvement can occur. To bring this about will require the co-operation of doctors and other health workers, health educationists, broadcasters and other publicists, members of local authorities, teachers, youth leaders and others in positions of

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responsibility. The Council would urge upon those in authority that we are faced with a health problem of great magnitude and that not enough has been done centrally to safeguard the public welfare. Is it really in the public interest to allow unrestricted advertisement of a substance which reliable evidence suggests is dangerous to health? Are the preventive steps already taken commensurate with the gravity of the situation? In the opinion of the Council they fail to meet this requirement. More thought, money and effort are necessary in the attempt to prevent the serious diseases associated with smoking."

In its report on "Smoking and Chest Disease," The Joint Tuberculosis Council of Great Britain concludes that

"1. There has been a great increase in smoking in the form of cigarettes during the last 20 years.

2. Smoking, particularly of cigarettes, impairs efficient ventilation of the lungs in healthy persons.

3. Cigarette smoking is the major factor accounting for the increased incidence of cancer of the lung; it may possibly act in association with other factors such as air pollution.

4. There is a strong association between chronic bronchitis and cigarette smoking, though other factors such as air pollution have an important aetiological influence on this disease also.

5. Cigarette smoking is possibly a cause of the breakdown of healed or quiescent respiratory tuberculosis. Further work is required to confirm or refute this possibility.

6. A more active policy designed to reduce the amount of cigarette smoking is required. Greater publicity is necessary concerning its effects, and more effort on a national and personal scale should be given to a solution of the many associated problems.

7. Special efforts should be made to discourage young people from taking up smoking.

8. In particular, members of the medical profession should by example and by persuasion assist their patients and others to reduce or abandon cigarette smoking."

From Report on "Smoking & Chest Disease" of the Joint Tuberculosis Council of Great Britain, pgs. 299-300, as published in Tubercle 41:290-301, 1960. See Appendix II, Exhibit 26.

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10-18-61 Tobacco Advertising Discussed in Parliament

"Cigarette-smoking and Health

Mr. Noel-Baker recalled the Medical Research Council's report of 1957 and the more recent surveys of smoking habits among secondary schoolboys, and asked the Government spokesman to restate the Government's general attitude to cigarette-smoking and its effect on health, and to smoking by young people.***Had not the Government a much wider responsibility for the health and lives of millions of young people who were being assailed by a 20m.-a-year campaign of commercial propaganda designed to make them start smoking and then keep on smoking? If the tobacco companies were not convinced that these enormous sums were having a substantial effect in increasing sales they would not be spending such sums. Statistics showed a substantial increase in spending on tobacco and cigarettes: for the calendar year 1960 it was 1,140m. of which 1,002m. was on cigarettes. From this the Government derived a total revenue of 826m. Many people wondered whether their soft attitude to the tobacco industry was not influenced by the enormous revenue derived from it.

Campaigns Aimed at Young People

What Mr. Noel-Baker wanted the Government to do was this: (1) To issue a strong warning to tobacco manufacturers that unless they called off all advertising campaigns-press,poster, television-aimed directly or indirectly at young people, the Government would take action to restrain them. (2) Impose another stiff increase in taxation on cigarettes in the next Budget. The only Government measure so far that had been effective in causing a temporary drop in consumption had been the big increases in tax, particularly in 1947 and 1948.***

Government Reply

Mr. Niall Macpherson, Parliamentary Secretary to the Board of Trade, began with the assertion that there had been no modification in the views stated by the Government in 1957 that the facts stated in the Medical Research Council's report should be brought to public notice so that everyone might know the risks involved in smoking and individually make his own choice.*** There could be a few, he claimed who were not aware of the risks of heavy smoking. 'The choice is theirs. The fact that some people may misuse that choice is not a good reason for damaging their freedom of choice.'"

From "Medical Notes in Parliament" as reported in the British Medical Journal 2:1158-1159, October 28, 1961. See Appendix II, Exhibit 27

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1962 The Royal College of Physicians, London, England

"Smoking As a Cause of Disease

"The most reasonable conclusions from all evidence on the association between smoking and disease are: that cigarette smoking is the most likely cause of the recent world-wide increase in deaths from lung cancer, the death rate from which is at present higher in Britain than in any other country in the world; that it is an important predisposing cause of the development of chronic bronchitis, in the absence of which, morbidity and mortality from this common disease would be substantially reduced; and that it may be partly responsible for the persistent tuberculous morbidity and mortality in elderly men.

Cigarette smoking probably increases the risk of dying from coronary heart disease, particularly in early middle age. Smoking of any kind may increase symptoms due to arterial disease of the heart or limbs and possibly promotes its development and progression.

It does not appear that smoking causes gastric or duodenal ulceration but there is clear evidence that it has an adverse effect on healing of these ulcers. This may be one reason for the increased mortality from peptic ulcer among smokers, which has been observed both in the U.S.A. and Britain. Smoking may be a contributory factor in cancer of the mouth, pharynx, oesophagus and bladder.

Smoking of pipes and cigars appears to be associated with far less risk than cigarette smoking. It does not seem possible to explain the relative harmlessness of these forms of smoking on any physical or chemical characteristics of the smoke. The contrast with cigarette smoking is probably due to the fact that pipe or cigar smokers seldom inhale.

* * *

"Possible Action by the Government

"Decisive steps should be taken by the Government to curb the present rising consumption of tobacco, and especially of cigarettes. This action could be taken along the following lines (paras. 112-119):-

(i) more education of the public and especially schoolchildren concerning the hazards of smoking:

(ii) more effective restrictions on the sale of tobacco to children:

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(iii) restriction of tobacco advertising:

(iv) wider restriction of smoking in public places:

(v) an increase of tax on cigarettes, perhaps with adjustment of the tax on pipe and cigar tobaccos:

(vi) informing purchasers of the tar and nicotine content of the smoke of cigarettes:

(vii) investigating the value of anti-smoking clinics to help those who find difficulty in giving up smoking."

From "Smoking and Health" a "Summary and Report of the Royal College of Physicians of London on Smoking in Relation to Cancer of the Lung and Other Diseases," pages 43, 45, and 58, published in 1962; and also the Royal College of Physicians' own summary of its "Report on Smoking" as published in the British Medical Journal, 1:703-705, March 10, 1962. See Appendix II, Exhibits 28 & 29

3-9-62 Society of Medical Officers of Health of England

"The following resolution of the General Purposes Committee of the Society of Medical Officers of Health, passed at a meeting on 9th March, has been issued for the information of all members of the Society:-

1. That the Society make representation to the appropriate Government Department on the following points:-

(a) Control of smoking in public places of entertainment

(b) Provision of non-smoking compartments in all public transport

(c) Active, positive, and direct publicity by the Ministry of Health as has already been done in respect of diphtheria and poliomyelitis.

(d) Positive and direct action by the Minister of Education, especially in relation to Teachers' Training Colleges and Teachers' Organizations.

(e) The Ministry of Health to request Local Health Authorities to prepare schemes under Section 28 of the National Health Service Act, 1946.

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(f) Forthright statement of policy by the Society in relation to the cigarette advertising campaign, especially in relation to its bad effect on health education among school children.

(g) Banning of slot machines for the sale of cigarettes as an associated action in the prevention of the sale of tobacco to children under 16 years of age.

2. That members of the Society be invited to step up their campaign in the light of the Society's declared policy.

3. That further consideration be given to joint action with the Central Council of Health Education, the National Union of Teachers, Headmasters' and Headmistresses' Conferences, Association of Headmasters, the National Association Teachers of Training Colleges and other relevant bodies.

The Medical Secretary of the Society has written to the Ministries of Health and Education in accordance with the Committee's resolution, but the Committee wish to remind members that, whatever steps may be taken by the central government, local action will also be needed."

Resolution on "Smoking and Health" adopted on March 9, 1962 by the Society of Medical Officers of Health, as published in The Medical Officer, 107:217, April 6, 1962. See Appendix II, Exhibit 30

3-12-62 Ministry of Health Circular on Smoking and Health to Local Health Authorities in England

"Smoking and Health

"1. I am directed by the Minister of Health to draw your Council's attention to the Report on "Smoking and Health", which has recently been published by The Royal College of Physicians.

2. The Report assesses the evidence about the relationship of smoking and health, and concludes that cigarette smoking is a cause of lung cancer and bronchitis, and probably contributes to the development of coronary heart diseases and various other less common diseases.

3. One of the recommendations is that there should be more education of the public, and especially

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school children, concerning the hazards of smoking. Another is that general discouragement of smoking, particularly by young people, is necessary.

4. The Minister considers that health education should increasingly emphasize the hazards of smoking. He accordingly asks the Council to use all their channels of health education to make the conclusions of the Report widely known, and bring home to the public the dangers of health and smoking, particularly of cigarettes."

* * *

From Ministry of Health Circular adopted March 12,1962, to Local Health Authorities about the Report on "Smoking and Health" of the Royal College of Physicians. See Appendix II, Exhibit 31

1963 Standing Medical Advisory Committee of the Scottish Home and Health Department - Report of Sub-Committee on Bronchitis.

"Having reviewed the rapidly accumulating evidence, we are firmly of the view that smoking is one of the most important causes of bronchitis. The prevalence of persistent cough and phlegm and of chronic bronchitis is consistently and substantially in excess among cigarette smokers. This finding and other evidence strongly suggests that the relationship is one of cause and effect.

"Having reviewed the evidence incriminating atmospheric pollution, we are in full agreement that this is the other major factor which contributes to the development and progression of this disease. It is probable that atmospheric pollution is an important factor in determining the urban-rural differences in incidence and mortality and also the disparities in the death rates in different countries.

"The prevalence of bronchitis among men is substantially greater than among women. How far this difference represents differences in habit or in constitution is still a matter for conjecture. Although some workers believe that the male excess merely reflects differences in the smoking habits of the two sexes it is possible that women are less susceptible to the disabling consequences of bronchial irritation from this cause."

Bronchitis Report by a Sub-Committee of the Standing Medical Adivsory Comm., Scottish Health Services Council, Scottish Home and Health Dept. H.M. Stationery Office, Edinburgh, 1963, page 7. See Appendix II, Exhibit 32

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Holland	Health Council of Holland	
3-9-57	"The Government has noticed with apprehension the rapid increase in lung cancer which has taken place during the last decades. In the medical and also the lay press it has often been stated that heavy smoking, particularly of cigarettes, promotes the genesis of lung cancer. The Government has consulted experts on this point. These have given as their opinion, that, although the proof of a causal relationship in the above mentioned understandably cannot be furnished, there are no counter arguments against the assumption of such a relationship. ...today's youth would do well not to make a habit of smoking, particularly of cigarettes." Translated from the Dutch Journal of Medicine. Volume 101 (no.10):459-464, 1957, as reported by the American Cancer Society, Inc., and on pages 25 & 26 of the booklet "Cigarettes Smoking and Health" by the California State Department of Public Health published August 1963. See Appendix II, Exhibit33& also Appendix I, Exhibit 45.	
Iceland	Iceland Cancer Society	
1962	"Parliament passed a special tax of ½ cent per pack on cigarettes, the money to go to the Iceland Cancer Society to be used to urge people, and especially teenagers, no to smoke; also the funds will be used to seek the causes of stomach cancer in diet, occupation and other factors." Statement of Dr. Niels Dungal, President of the Iceland Cancer Society and Head of Department of Pathology, University of Iceland, 1962, as reported by the American Cancer Society, Inc. Also see Appendix II, Exhibit 34	
Italy	Government of Italy	
4-10-62	"Publicity advertising of any tobacco product, national or foreign, is prohibited. ..." From a translation of Senate of the Republic, III Legislature No. 1773 - A Bill approved by the 14th Permanent Commission (Hygiene and Public Health) of the Chamber of Deputies. Became law on 4-10-62, no. 165, published in Official Gazette, No.111, of 4-30-62. See Appendix II, Exhibit 35	

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Norway — Statement of Finance Minister before Norwegian Parliament

6-22-62

"Laborite Rep. Aase Lionaes, at a recent meeting of the Norwegian Parliament, called attention to British reports that suggest a definite link between cigarette smoking and lung cancer. Observing that the special state levy on tobacco brings in nearly Kr. 400 million a year she asked the government whether it would consider imposing a special tax on cigarette advertising.

In reply to the question, Finance Minister Peter Jacob Bjerve noted that the present tax is 50 per cent on cigarettes, 49 per cent on pipe tobacco, and 35-40 percent on cigars. In his opinion, an increase in the cigarette tax only would not help. On the contrary, it might well induce more Norwegians to roll their own, as many do already. Nor did he believe that a special tax on cigarette advertising would help. Advertising, he said, does not have any significant bearing on the total cigarette consumption; it chiefly affects the choice of brands.

The Finance Minister stressed that excessive smoking should be fought by utilizing all media of public information to warn about health hazards."

From Tobacco - June 22, 1962, page 25, See Appendix II, Exhibit 36

Sweden — Statement of Prime Minister of Sweden

11-10-56

"Tobacco is controlled in Sweden by a government-created monopoly. The Prime Minister was recently asked whether the government was ready to cooperate in an educational campaign concerning the injurious effects of nicotine; whether it would support a scientific investigation of the health risks of tobacco in general and cigarettes in particular; whether the monopoly's advertisements in favor of cigarettes were in the interest of the community and, if not, whether the government would supervise the advertising methods used; and finally, whether the government would consider any measures calculated to keep cigarettes away from school children and other minors. After consultation with the Ministry of Health, the Prime Minister replied that the nature and effects of tobacco are to be taught in the schools, not only in the teaching of biology and hygiene but also in special courses on temperance. Smoking is forbidden for pupils in schools and their immediate neighborhood, and both school medical officers and nurses are enjoined to promote propaganda against smoking. * * * The Tobacco

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Monopoly not only has given 300,000 crowns for cancer research but also has discontinued advertising its cigarettes. * * *"

From "Sweden: Lung Cancer and Government Control of Tobacco" Foreign Letters, Journal of the American Medical Association. 162:1075, November 10, 1956. See Appendix II, Exhibit 37

5-12-58 The Research Council of Sweden

"...it is the view of the Council that collective completed investigations indicate that substances in tobacco smoke constitute, in all probability, an essential factor in the occurrance of certain types of lung cancer."

From transcript of Statement to the King on "The Investigation made by the State Medical Research Council into the Biological and Medical Effects of Tobacco Smoking," 1958, as reported by the American Cancer Society, Inc.

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6-30-58 International Union Against Cancer

"In most countries in the Western Hemisphere, and in many other countries throughout the world, there has been a great increase in the incidence of lung cancer during the past three decades mainly in response to exogenous factors.

While a relatively small number of total lung cancer cases can be attributed currently to specific industrial hazards, this question needs more extensive study.

A proportion of the cases, the exact extent of which cannot as yet be defined, may be due to atmospheric pollution.

Epidemiological evidence from many countries shows that cigarette smoking is one of the factors causally associated with the increase in lung cancer."

From Acta International Union Against Cancer, Vol. XV: 1282-1283, 1959. See Appendix III, Exhibit 1.

11-20-59 World Health Organization, Study Group on the Epidemiology of Cancer of the Lung

"Cigarette smoking

"The relation between cigarette smoking and lung cancer is the aspect of the problem that has probably received the greatest research attention during the past decade, and it has certainly excited the greatest interest and discussion. A number of official, voluntary and other scientific bodies have reviewed the evidence bearing on this association. The Study Group unanimously agreed that there was no reason to modify the conclusions reached by these experts that the sum total of the evidence available today was most reasonably interpreted as indicating that cigarette smoking is a major causative factor in the increasing incidence of human carcinoma of the lung. Recognizing that this conclusion has not been accepted by all who have studied or written on the subject, the Study Group agreed that while some of the criticisms levelled did suggest avenues for further investigation, none could be considered as casting any serious doubt on the conclusions reached on the basis of the extensive studies already made."

From World Health Organization Technical Report Series No. 192, pages 4-5, 1960. See Appendix III, Exhibit 2.

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1963 World Health Organization - First Report of An Expert Committee on Cancer Control

"The relationship between cigarette-smoking and the rapidly increasing incidence of cancer of the lung is well known. Air pollution has also been incriminated as an etiologic factor in cancer."

From World Health Organization Technical Report Series No. 251, page 5, 1963. See Appendix III, Exhibit 3.

5-11-63 Pacific Northwest Radiological Society

"Recognizing the increasing incidence of lung cancer and emphysema, and concerned, because in our opinion, in keeping with that of many other medical men and scientists throughout the world that, beyond reasonable doubt, cigarette smoking is an important causative factor in these diseases,

"Now therefore be it resolved that the Pacific Northwest Radiological Society make it a matter of public record of its concern about health hazards from cigarette smoking, particularly among the youths of our two nations."

Resolution adopted May 11, 1963 at meeting held in Vancouver, B. C., as reported by the American Cancer Society, Inc.

June 1963 International Council of Women Committee on Health

"Concerned by the evidence which shows that in recent years there has been a progressive increase in cancer of the lung, chronic bronchitis, emphysema and other respiratory diseases, and

"That the preponderance of all scientific evidence indicates that smoking of tobacco, especially cigarettes, is strongly indicated as the cause of this increase, as well as having an adverse effect on heart and vascular diseases and peptic ulcer and is associated with the general decrease in longevity, and that giving up smoking at any age decreases this risk, and

"In view of the fact that major chest disease organizations throughout the world, most public health agencies and voluntary health organizations have passed resolutions regarding smoking as a serious health hazard,

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International Council of Women Committee on Health (cont.)

"The International Council of Women Health Committee urges the Health Committee of the National Councils of Women to intensify their educational efforts to inform the public in general and young people in particular regarding the health hazards of cigarette smoking."

Adopted by the General Assembly of the International Council of Women, June 1963. See Appendix III, Exhibit 4.

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Source: https://www.industrydocuments.ucsf.edu/docs/fybl0000